MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06525

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Rural; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) May (Last) Bentley

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 7 1902

9. AGE last birthday: 48 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bellevue Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Thomas

14. MOTHER'S MAIDEN NAME: Gertrude Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: 216-18-2336

17. INFORMANT AND ADDRESS: Charles Bentley, Easton R.D. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Metastatic Carcinoma of Spine, Thorax	1 1/2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Breast	2 1/2 yrs.
	(c)	

1 10x 50

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb. 2, 1950

19b. MAJOR FINDINGS OF OPERATION: Scirrhous Carcinoma left breast. Mastectomy

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1949, to June, 1950, that I last saw the deceased alive on June 1, 1950, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE: Shepard Krech Jr (Degree or title) M.D. ADDRESS: Easton, Md. DATE SIGNED: June 15, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: June 16 1950

NAME OF CEMETERY OR CREMATORY: St Paul Cemetery

LOCATION (City, town, or county) (State): Easton Rural Md.

DATE REC'D BY LOCAL REG. 6/15/50

REGISTRAR'S SIGNATURE: M. H. Norris

24. FUNERAL DIRECTOR: John D. Williams ADDRESS: Easton, Md.

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JUN 20 1950
BUREAU V. S.

6/5

06526

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md. LENGTH OF STAY (in this place) 4 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md. COUNTY Talbot.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rt. #4 Easton Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Bernice (Middle) (Last) Brice.
4. DATE OF DEATH (Month) June (Day) 9 (Year) 1950

5. SEX F.
6. COLOR OR RACE Black.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Aug 21, 1941
9. AGE last birthday 8 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME Samuel Bruce
14. MOTHER'S MAIDEN NAME Carlisa Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Samuel Bruce

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

010X Immediate cause (a) Meningitis, Tuberculous — 10 days

14 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1950, to June 9, 1950, that I last saw the deceased alive on ....., 19....., and that death occurred at 3:25 A.m., from the causes and on the date stated above.

SIGNATURE B Cox (Degree or title) M.D. ADDRESS Easton Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF June 12/50 NAME OF CEMETERY OR CREMATORY Evytown, Queen Esther LOCATION (City, town, or county) Evytown (State) Md

DATE REC'D BY LOCAL REG. 6/19/50 REGISTRAR'S SIGNATURE N. H. Nevrix 24. FUNERAL DIRECTOR John H. Williams ADDRESS Easton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

6527

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Anne Rural; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Anne Rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Levin (Middle) Luther (Last) Cheezum

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug 5 1867

9. AGE last birthday: 82 yrs. If under 1 year: Months 10, Days 20; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Penn. R.R. Co

11. BIRTHPLACE (State or foreign country): Bethlehem Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Levin Cheezum

14. MOTHER'S MAIDEN NAME: Cecelia Bryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Wm. Schnaitman Queen Anne R.D. # 3 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

610X Immediate cause (a) Uremia — Interval Between Onset and Death: one week

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertrophy of the prostate chronic

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/23, 1950, to 6/25, 1950, that I last saw the deceased alive on ....., 19....., and that death occurred at 10:55 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Levi Lederer — ADDRESS M. D. Queen Anne — DATE SIGNED June 26, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF June 27-50 | NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery | LOCATION (City, town, or county) Easton | (State) Md.

DATE REC'D BY LOCAL REG. 6/26/50 | REGISTRAR'S SIGNATURE H. K. Meese | 24. FUNERAL DIRECTOR John D. Williams | ADDRESS Easton, Md.

98247

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 13 1950
BUREAU V. A.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06528

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Williamsburgs
LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton R.F.D. #4

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsburg, rural, Easton
STREET ADDRESS (If rural, give location) Easton, R.F.D. #4

3. NAME OF DECEASED (Type or Print) (First) Eliza (Middle) (Last) Cooper

4. DATE OF DEATH (Month) June (Day) 15 (Year) 1950

5. SEX F.

6. COLOR OR RACE Col'd

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Unknown 1870

9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY No. None

17. INFORMANT Alexander Cooper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

422.2 Immediate cause (a) Chronic myocarditis

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 4:30 A.m., from the causes and on the date stated above.

SIGNATURE Louis Whitty M.D. (Degree or title) ADDRESS Easton Md DATE SIGNED 6-16-50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF 6/19/50 NAME OF CEMETERY OR CREMATORY Scott's LOCATION (City, town, or county) (State) Trappe, Talbot, Md.

DATE REC'D BY LOCAL REG. 6/17/50 REGISTRAR'S SIGNATURE N. H. Neeries

24. FUNERAL DIRECTOR Leon W. Henry ADDRESS 310 South St. Easton, Md.

52086

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06529

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) (Last) Cooper

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 26, 1881

9. AGE last birthday: 68 yrs. If under 1 year: Months 10, Days 4, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Yard Work

11. BIRTHPLACE (State or foreign country): Trappe Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Chase

14. MOTHER'S MAIDEN NAME: Mary Chase

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-03-1768

17. INFORMANT AND ADDRESS: Wm Dickerson, Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 15 m.

420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — 6 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-5, 1950, to 6-30, 1950, that I last saw the deceased alive on 6-29, 1950, and that death occurred at 6 a.m. p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm T Buell Md Easton Md 7-1-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: July 4 1950

NAME OF CEMETERY OR CREMATORY: Williamsburg

LOCATION (City, town, or county) (State): Easton, R.D. Md.

DATE REC'D BY LOCAL REG. 7/3/50

REGISTRAR'S SIGNATURE: A. H. Nevins

24. FUNERAL DIRECTOR ADDRESS: John D. Williams Easton, Md.

9849

RECEIVED
JUL 12 1950
BUREAU V. A.

06530

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH · COUNTY: Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wittman, Md. LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wittman, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) JAMES	(Middle) H.	(Last) FAIRBANK	4. DATE OF DEATH	(Month) June	(Day) 7,	(Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH: May 26, 1873	9. AGE last birthday: 77 yrs.	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farmer Owner	11. BIRTHPLACE (State or foreign country): Wittman, Maryland	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME: Harrison Fairbank	14. MOTHER'S MAIDEN NAME: Elizabeth A. R. Sewell						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) None	16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: J. W. Fairbank, Wittman, Maryland					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 Immediate cause (a) Cardiac Failure

92d Antecedent cause(s) (b) Chronic valvular heart disease

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1940, to June 7, 1950, that I last saw the deceased alive on June 6, 1950 and that death occurred at 7.15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Eugene Rosen M.D. ADDRESS Tilghman DATE SIGNED Md

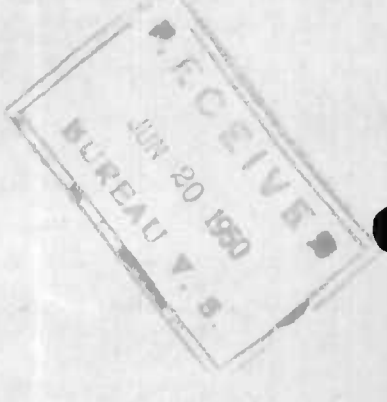
23. BURIAL, CREMATION REMOVAL, (Specify) Burial	DATE June 9, 1950	NAME OF CEMETERY OR CREMATORY Olivet Cemetery	LOCATION (City, town, or county) (State) St. Michaels, Maryland
DATE REC'D BY LOCAL REG. June 8-50	REGISTRAR'S SIGNATURE G. Wesley Sewell.	24. FUNERAL DIRECTOR Newnam & Harrison, St. Michaels, Md.	ADDRESS

000 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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JUN 20 1980
BUREAU U. S.

4/27

06531

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 42 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) 125 West St.

3. NAME OF DECEASED (Type or Print) James (First) Edward (Middle) Green (Last)

4. DATE OF DEATH (Month) June (Day) 8 (Year) 1950

5. SEX male
6. COLOR OR RACE black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH ? 60 ?
9. AGE last birthday 12/24/90 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Leach Cornesh
14. MOTHER'S MAIDEN NAME Henrietta Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ~~Unknown~~
17. INFORMANT Ada Roberts

18. MEDICAL CERTIFICATION

217-14-8533

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
606x	Immediate cause	(a) Uraemia	3 days
136b	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Urinary obstruction from urethral scarring + extravasation of urine.	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 4-29-50 5-26-50 5-11-50
19b. MAJOR FINDINGS OF OPERATION Urethral obstruction with fistulae + urinary extravasation.
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 27, 1950, to June 8, 1950, that I last saw the deceased alive on June 8, 1950, and that death occurred at 2 05/2 m., from the causes and on the date stated above.

SIGNATURE James McC. Finney (Degree or title) M.D. ADDRESS Memorial Hospital, Easton, Md. DATE SIGNED June 9, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/12/50
NAME OF CEMETERY OR CREMATORY Trappe
LOCATION (City, town, or county) Trappe (State) Md

DATE REC'D BY LOCAL REG. 6/9/50
REGISTRAR'S SIGNATURE N.H. Neerus
24. FUNERAL DIRECTOR Maurice E. Newnam & Son Easton ADDRESS

XVX 99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06532

CERTIFICATE OF DEATH

Reg. Dist. No. 294

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS, A15

1. PLACE OF DEATH
COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Claiborne
LENGTH OF STAY (in this place): 34 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Claiborne
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) D. (Last) Haddaway

4. DATE OF DEATH: (Month) 6 (Day) 26 (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Jan 28 1878

9. AGE last birthday: 71 yrs. — If under 1 year: Months 6 / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Michaels. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Charles Blades

14. MOTHER'S MAIDEN NAME: Elizabeth Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Nicholas Haddaway, Claiborne Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 2 weeks

442X Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

131a (b) Hypertensive Cardio-vascular renal disease — year +

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 19, 1950, to June 24, 1950, that I last saw the deceased alive on June 24, 1950, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles P. White	M.D.	St. Michaels, Md.	6/28/50.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6/28/50	Christ Cemetery	St. Michaels.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 28-50	G. Wesley Sewell	Newnam & Harrison	St. Michaels Md.

RECEIVED
JUL 6 1950
BUREAU V.S.

6/18 4:40 am

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

66533

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot — Easton — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 8da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Choptank
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Jean (Middle) Blanche (Last) Baby Girl Hickman

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: June 18, 1950

9. AGE last birthday: 8 days old. If under 1 year: Months / Days 8 dys. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr Melvin Heckman

14. MOTHER'S MAIDEN NAME: Maxine Pollard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs Maxine Heckman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

760.5 Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 3 days

159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mongolism

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/18, 1950 to 6/24, 1950 that I last saw the deceased alive on 6/26, 1950 and that death occurred at 3:48 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John C Baylutt MD 214 Dover St Easton Md 6/27/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6/28/50 | NAME OF CEMETERY OR CREMATORY Greensboro | LOCATION (City, town, or county) (State) Greensboro Md.

DATE REC'D BY LOCAL REG. 6/27/50 | REGISTRAR'S SIGNATURE M.A. Norris | 24. FUNERAL DIRECTOR ADDRESS C.B. Rawlings Greensboro Md.

20-6-18-0-25-1-38-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The critical age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 3 1990
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06534

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) E (Last) Hughlett

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 6-9-90

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): teacher

10b. KIND OF BUSINESS OR INDUSTRY: pub. schools

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: James R. Dyott

14. MOTHER'S MAIDEN NAME: Mary A. Spencer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. Unknown

17. INFORMANT: Miss Hazel Dyott = Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
816.5 Immediate cause	(a) Fractured skull	
	Traumatic pneumothorax-bilat.	hour
170C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Auto accident	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY hi-way (CITY OR TOWN) nr. Trappe (COUNTY) Talbot (STATE) Md.

TIME OF INJURY (Month) 6 (Day) 2 (Year) 50 (Hour) c4:30 p.m. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Pass. in car, struck by another

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Louis D Thoty (Degree or title) MD DME ADDRESS Easton, Md. 5:25 P.M. DATE SIGNED 6-2-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 6/5/50 NAME OF CEMETERY OR CREMATORY Spring Hill LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 6/3/50 REGISTRAR'S SIGNATURE M.A. Nelms 24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS

V3491

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

RECEIVED
JUN 20 1950
BUREAU V. S.

06535

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 4 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Girl (Last) Jackson

4. DATE OF DEATH (Month) June (Day) 25 (Year) 1950

5. SEX F
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH June 21, 1950
9. AGE last birthday yrs. If under 1 year Months Days 3½ If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry M Jackson
14. MOTHER'S MAIDEN NAME Viola Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Viola Jackson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

752x Immediate cause (a) aspiration pneumonia

157d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) congenital Malformation of the Brain — Internal Hydrocephalus (c)

INTERVAL BETWEEN ONSET AND DEATH: 3½ days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-21, 1950, to 6-24, 1950, that I last saw the deceased alive on 6-24-, 1950, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE John E Baybutt (Degree or title) MD ADDRESS 214 Dover St Easton DATE SIGNED MD 6/26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-27-50
NAME OF CEMETERY OR CREMATORY Jackson
LOCATION (City, town, or county) Tilghman Talbot (State) Md

DATE REC'D BY LOCAL REG. 6/26/50
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR J. Leeds Moore Tilghman ADDRESS Md

2-0-6-21-0-29-4-40-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06536

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY: Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton, Md. LENGTH OF STAY (in this place): 5 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sherwood, Maryland
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) J.	(Middle) HOBSON	(Last) JONES	4. DATE OF DEATH	(Month) June	(Day) 23,	(Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Feb 25, 1873	9. AGE last birthday: 77 yrs.	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman	10b. KIND OF BUSINESS OR INDUSTRY: Cannery	11. BIRTHPLACE (State or foreign country): Havre de Grace, Maryland	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME: Martha P. Barrow						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): No	16. SOCIAL SECURITY No.: 218 - 01 - 8723	17. INFORMANT AND ADDRESS: Curtis H. Jones, Easton, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 8:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Newnam Harrison	M. D.	Easton Maryland	24 June 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: June 26, 1950	NAME OF CEMETERY OR CREMATORY: Springhill Cemetery	LOCATION (City, town, or county) (State): Easton, Maryland
DATE REC'D BY LOCAL REG.: 6/24/50	REGISTRAR'S SIGNATURE: N. H. Neeres	24. FUNERAL DIRECTOR: Newnam & Harrison, St. Michaels, Md.	ADDRESS

602X1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 28 1950
BUREAU V. A.

06537

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH · COUNTY: Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels — LENGTH OF STAY (in this place): 40 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) MILKIE (Middle) (Last) MILES	4. DATE OF DEATH (Month) June (Day) 11, (Year) 1950
5. SEX: Female — 6. COLOR OR RACE: Colored — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH: Mar 26, 1874 — 9. AGE last birthday: 76 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory work — 10b. KIND OF BUSINESS OR INDUSTRY: Seafood	11. BIRTHPLACE (State or foreign country): Marion Station, Somerset Co. — 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Moses Lloyd	14. MOTHER'S MAIDEN NAME: Laura Carroll
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service) None — 16. SOCIAL SECURITY No.: 215-16-3237	17. INFORMANT AND ADDRESS: Corrine Dixon, St. Michaels, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary edema — acute	8 hours
Antecedent cause(s)	(b) Cerebral hemorrhage — left hemiplegia	48 hours
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertensive Cardio-vascular disease c̄ arteriosclerosis	(?) years (?)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senile changes — inanition	?

443x

93d

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1950, to June 11, 1950, that I last saw the deceased alive on June 10, 1950, and that death occurred at 1 40/A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Arthur V. Mihalland	M.D.	St. Michaels	June 13, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jun 14, 1950	Colored Cemetery	Claiborne, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 13, 50	Miss Robt. L. Seck	Newnam & Harrison, St. Michaels, Md.	

496 V1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
JUN 15 1950
BUREAU F.B.I.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06538

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford | LENGTH OF STAY (In this place) 39 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Morris Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
STREET ADDRESS (If rural, give location) Morris Street

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Samuel (Last) Morris.

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1950

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower | 8. DATE OF BIRTH: Jan. 12 1863 | 9. AGE last birthday: 87 yrs. | If under 1 year: Months 4 Days 22 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Railroad Employee | 10b. KIND OF BUSINESS OR INDUSTRY: Prepairer Locomotive | 11. BIRTHPLACE (State or foreign country): Frederica Delaware | 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Charles Morris | 14. MOTHER'S MAIDEN NAME: Lyda Morris.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Gertrude H. Thompson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CHRONIC MYOCARDIAL DEGENERATION — 2 YRS

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIO-SCLEROSIS — ? "

932 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SECONDARY ANEMIA — 2 YRS.

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not White At work ☐ | HOW DID INJURY OCCUR?

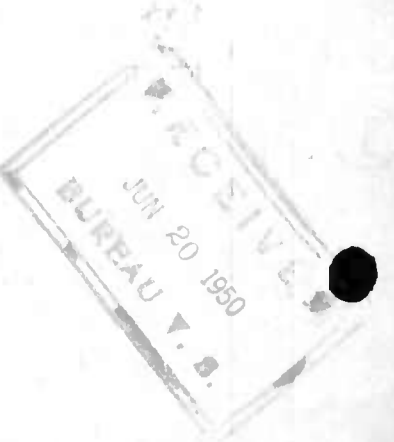
22. I hereby certify that I attended the deceased from 7/1, 1948, to 7/3, 1950, that I last saw the deceased alive on 7/3, 1950, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
C. K. Lawson M.D. | Oxford Md. | 7/5/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF June 5 1950 | NAME OF CEMETERY OR CREMATORY Oxford | LOCATION (City, town, or county) Oxford, Md (State)

DATE REC'D BY LOCAL REG. 6/5/50 | REGISTRAR'S SIGNATURE N. K. Norris | 24. FUNERAL DIRECTOR ADDRESS Maurice E. Newnam & Son Easton, Md. 49647

VS. A15


RECEIVED
JUN 20 1950
BUREAU

5/31

06539

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY: Talbot · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton Md. · LENGTH OF STAY (in this place): 18 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. · COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Denton Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Edward (Last) Murray
4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1950
5. SEX: M.
6. COLOR OR RACE: Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Nov 10, 1910
9. AGE last birthday: 39 yrs. · If under 1 year: Months, Days · If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General labor
10b. KIND OF BUSINESS OR INDUSTRY: Labner
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Henry Murray
14. MOTHER'S MAIDEN NAME: Margaret Egglin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: unknown
17. INFORMANT: Margaret Murray

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Meningococcic Meningitis	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

0570
6

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) · PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) · (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. · INJURY OCCURRED While at Work ☐ Not While At work ☐ · HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/31, 1950, to 6/1, 1950 that I last saw the deceased alive on 5/31, 1950, and that death occurred at 1:45 A.m., from the causes and on the date stated above.

SIGNATURE: B Cox · (Degree or title) M.D. · ADDRESS: Easton, Md · DATE SIGNED: 6/1/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial · DATE THEREOF: June 3, 1950 · NAME OF CEMETERY OR CREMATORY: Denton (Spruce Grove) · LOCATION (City, town, or county) (State): Denton, Caroline, Md.
DATE REC'D BY LOCAL REG.: 6/2/50 · REGISTRAR'S SIGNATURE: N.H. Neerew · 24. FUNERAL DIRECTOR: J. Virgil Moore, Denton, Md. · ADDRESS:

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 20 1950
BUREAU T. S.

06540

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Rose (Middle) Morgan (Last) Harris

4. DATE OF DEATH (Month) June (Day) 10 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Jan 10, 1901

9. AGE last birthday 49 yrs. If under 1 year: Months 5 Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME P. Charles Morgan

14. MOTHER'S MAIDEN NAME Della Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Carl A. Harris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Multiple Sclerosis	Several yrs
345x **Antecedent cause(s)**		
89d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | **INJURY OCCURRED** While at Work ☐ Not While At work ☐ | **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 6-4-, 1950, to 6-10-, 1950, that I last saw the deceased alive on 6-10-, 1950, and that death occurred at 4 45 p.m., from the causes and on the date stated above.

SIGNATURE M Cox (Degree or title) MD **ADDRESS** Easton Md **DATE SIGNED** 6/12/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | **DATE** June 13, 1950 | **NAME OF CEMETERY OR CREMATORY** Odd Fellows Cem | **LOCATION** (City, town, or county) Easton (State) Md.

DATE REC'D BY LOCAL REG. 6/11/50 | **REGISTRAR'S SIGNATURE** M. D. Nelson | **24. FUNERAL DIRECTOR** Miller Dash **ADDRESS** Easton, Md

RECEIVED
JUN 20 1950
BUREAU Y. S.

Evidence for addition of #9 shown on:

06541

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 126 JUL 7 - 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (In this place): 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 605 Dover Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton, Md
STREET ADDRESS (If rural, give location): 605 Dover Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Benjamin Perry
4. DATE OF DEATH (Month) (Day) (Year): June 20 50

5. SEX: M.
6. COLOR OR RACE: Cold
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: Unknown
9. AGE last birthday: Unknown — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT: L. W. Henry - Now Easton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Parenchymatous Nephritis — 1 year

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis — 3-4 years

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1948, to June 20, 1950, that I last saw the deceased alive on June 20, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Haynard T. Webb, M.D. 633 Dover St. Easton Md

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) — DATE THEREOF: 6/23/50 — NAME OF CEMETERY OR CREMATORY: Bozman — LOCATION (City, town, or county) (State): Talbot Co Md

DATE REC'D BY LOCAL REG.: 6/23/50 — REGISTRAR'S SIGNATURE: N. H. Neerin
24. FUNERAL DIRECTOR: Leon W Henry — ADDRESS: Easton Md

XVX 99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 28 1950
BUREAU V. S.

06542

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) Port St

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Henry (Last) Pouey
4. DATE OF DEATH (Month) June (Day) 15 (Year) 1950

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Aug 10 1882
9. AGE last birthday 67 yrs. If under 1 year Months 10 Days 5 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Cleaning
11. BIRTHPLACE (State or foreign country) Easton Md
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME John Pouey
14. MOTHER'S MAIDEN NAME Alice Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 216-03-7424
17. INFORMANT AND ADDRESS Charles Pouey Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443x Immediate cause	(a) Cerebral hemorrhage	2 wks
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) NCVD	2 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE Louis Straty (Degree or title) MD ADDRESS Easton Md DATE SIGNED 6-16-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 19 1950
NAME OF CEMETERY OR CREMATORY Richards Cemetery
LOCATION (City, town, or county) Easton (State) Md.

DATE REC'D BY LOCAL REG. 6/16/50
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR John D. Williams ADDRESS Easton Md

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 20 1950
BUREAU V. S.

06543

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Easton
LENGTH OF STAY (In this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Easton
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Douglas (Last) Powell
4. DATE OF DEATH (Month) 6 (Day) 16 (Year) 1950

5. SEX Male
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 10/7/1895
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.

13. FATHER'S NAME Chas. Powell
14. MOTHER'S MAIDEN NAME Ida V. Pinney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 324-16-3245
17. INFORMANT Anna Davenport

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion — Hours

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HCVD — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Louis A Mutty (Degree or title) MDDNE ADDRESS Easton Md. FAM DATE SIGNED 6-16-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/18/50
NAME OF CEMETERY OR CREMATORY Chaple
LOCATION (City, town, or county) Near Cordova (State) Md.

DATE REC'D BY LOCAL REG. 6/17/50
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro Md.

866 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 20 1960
BUREAU V. S.

5/2

06544

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: — LENGTH OF STAY (in this place): 16 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talb
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
STREET ADDRESS (If rural, give location): 17 South St

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Mae (Last) Neil
4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1950
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: July 27 1869
9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: HW
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Mr James Boone
14. MOTHER'S MAIDEN NAME: Rebecca Andrews
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Mr James C Boone

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

584x Immediate cause (a) Peritonitis — 48 hrs.

126 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Extravasation of bile from accessory duct.

(c) Cholecystectomy

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 6, 1950
19b. MAJOR FINDINGS OF OPERATION: Biliary calculus
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1950, to June 8, 1950, that I last saw the deceased alive on June 8, 1950, and that death occurred at 3 20 p.m., from the causes and on the date stated above.

SIGNATURE: James McC. Finney — (Degree or title): MD — ADDRESS: Memorial Hospital, Easton, Md. — DATE SIGNED: 6-9-50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6/10/50 — NAME OF CEMETERY OR CREMATORY: Spring Hill — LOCATION (City, town, or county): Easton — (State): Md

DATE REC'D BY LOCAL REG.: 6/8/50 — REGISTRAR'S SIGNATURE: N. H. Neirus — 24. FUNERAL DIRECTOR: J. Reles Clark — ADDRESS: Easton, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 20 1950
BUREAU V. S.

06545

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) Mrs. (First) Anna (Middle) (Last) Remsen

4. DATE OF DEATH (Month) June (Day) 5 (Year) 1950

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH April 21, 1869
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Augusta Thiebough
14. MOTHER'S MAIDEN NAME Mary Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs Mary Wiley

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
151x	Immediate cause	(a) Carcinoma of Stomach	Months
46b	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c) Metastatic Carcinoma of Liver	Months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease — 2 wks.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/3, 1950, to 6/5, 1950, that I last saw the deceased alive on 6/5, 1950, and that death occurred at 3.25 p.m., from the causes and on the date stated above.

SIGNATURE Shepard Kreck Jr (Degree or title) Md. ADDRESS Easton, Md. DATE SIGNED 6/6/50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 6/12/50
NAME OF CEMETERY OR CREMATORY Fresh Pond
LOCATION (City, town, or county) Middle Village (State) L.I.

DATE REC'D BY LOCAL REG. 6/6/50
REGISTRAR'S SIGNATURE N.H. Neeres
24. FUNERAL DIRECTOR Maurice E. Newnam + Son ADDRESS Easton, Md.

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VS-A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 29 1950
BUREAU V. R.

4/11

06546

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY: Talbot · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton Md · LENGTH OF STAY (in this place): 2 mo 2 day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Denton.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) George	(Middle)	(Last) Sutton	4. DATE OF DEATH	(Month) June	(Day) 13	(Year) 1950
6. SEX: Male.	6. COLOR OR RACE: Black.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed	8. DATE OF BIRTH: about 1880 unknown	9. AGE last birthday: 79 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —	10b. KIND OF BUSINESS OR INDUSTRY: Farm	11. BIRTHPLACE (State or foreign country): Md	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: George Sutton	14. MOTHER'S MAIDEN NAME: Mary Bricker						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT: Dorothy Holmes					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
154x	Immediate cause	(a) Intrabdominal hemorrhage	3 days
46d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of rectum with carcinomatosis	1 year?
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Transverse colostomy because of obstruction at rectum

19a. DATE OF OPERATION: 1/16/50 and 4/14/50	19b. MAJOR FINDINGS OF OPERATION: Evidence of abdominal carcinomatosis and chronic intestinal obstruction	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 14, 1950, to June 13, 1950, that I last saw the deceased alive on June 12, 1950, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James F. Wright	M.D.	Easton, Md	June 13, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: June 17, 1950	NAME OF CEMETERY OR CREMATORY: Springrove	LOCATION (City, town, or county) (State): Denton, Caroline Md
DATE REC'D BY LOCAL REG.: 6/14/50	REGISTRAR'S SIGNATURE: N. H. Neeries	24. FUNERAL DIRECTOR: J. Virgil Moore.	ADDRESS: Denton Md

000 W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

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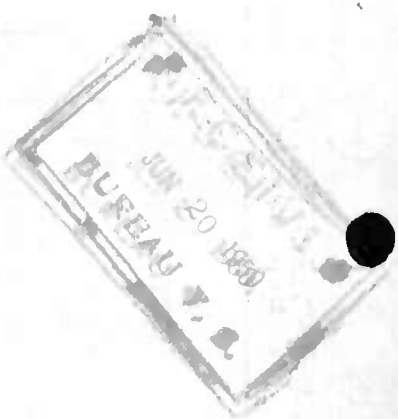
JUN 20 1960
BUREAU

5/19/50

06547

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) H. (Last) Thomas

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1950

5. SEX: M

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Sept 23, 877

9. AGE last birthday: 72 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Private family

10b. KIND OF BUSINESS OR INDUSTRY: Butler

11. BIRTHPLACE (State or foreign country): Penn West Chester

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Henry Thomas

14. MOTHER'S MAIDEN NAME: Elizabeth Mackey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown 198-12-5421

17. INFORMANT: Mrs Anne Lockhart

D. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332x **Immediate cause** (a) Cerebral Thrombosis — Interval Between Onset and Death: 18 days

83b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19, 1950, to June 9, 1950, that I last saw the deceased alive on June 7, 1950, and that death occurred at 1.10 Am., from the causes and on the date stated above.

SIGNATURE: M. V. Palmer (Degree or title) M.D. ADDRESS: Easton, Md. DATE SIGNED: 6/9/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 6/12/50 | NAME OF CEMETERY OR CREMATORY: Merion | LOCATION (City, town, or county): Phila. (State): Pa

DATE REC'D BY LOCAL REG. 6/8/50 | REGISTRAR'S SIGNATURE: N. H. Merrick | 24. FUNERAL DIRECTOR: Leon W. Henry | ADDRESS: Easton Md.

52086

VS. A15

RECEIVED
JUN 20 1960
BUREAU V. S.

06548

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 36 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) GIRL (Last) TRAXLER

4. DATE OF DEATH (Month) June (Day) 16 (Year) 1950

5. SEX FEMALE

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 6-15-50

9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 35 Min. 55

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Eugene Carl Traxler

14. MOTHER'S MAIDEN NAME Margaret Louise Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Memorial Hospital (records)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

760.5 Immediate cause (a) Subtentorial Hemorrhage — 35 hrs 55 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

160a (b) Prematurity (3#6 3)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-15, 1950, to 6-16, 1950, that I last saw the deceased alive on 6-16, 1950, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

SIGNATURE John E Baybutt (Degree or title) MD ADDRESS 214 Dover St Easton Md DATE SIGNED 6/19/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF June 17, 1950

NAME OF CEMETERY OR CREMATORY Mt. Olive

LOCATION (City, town, or county) Near Goldsboro (State) Maryland

DATE REC'D BY LOCAL REG. 6/17/50

REGISTRAR'S SIGNATURE N. H. Neerus

24. FUNERAL DIRECTOR Charles C Moore ADDRESS Denton

2-0-6-15-0-26-3-36-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 28 1950
BUREAU V. S.

06549

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Wye Mills
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Wye Mills
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Susie (Middle) Harris (Last) Wilkins

4. DATE OF DEATH (Month) June (Day) 24 (Year) 1950

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1894
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME James Harris
14. MOTHER'S MAIDEN NAME Rosie Little

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Joshua Wilkins, Wye Mills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Uterus — INTERVAL BETWEEN ONSET AND DEATH 3yrs.

174x

Antecedent cause(s)

48b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to June, 1950, that I last saw the deceased alive on June, 1950, and that death occurred at 11:55 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William C. Lowe, ADDRESS Queenstown, Md DATE SIGNED 6-24-50

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE June 27-50
NAME OF CEMETERY OR CREMATORY Wye Mills Cemetery
LOCATION (City, town, or county) Carmichael (State) Md.

DATE REC'D BY LOCAL REG. 6-26-50
REGISTRAR'S SIGNATURE Elsie Armstrong Neck
24. FUNERAL DIRECTOR J. Virgil Moore & Son, Denton ADDRESS

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 13 1990
BUREAU V.

06550

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
LENGTH OF STAY (in this place) hp
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Gladys (Middle) E. (Last) Willey
4. DATE OF DEATH (Month) 6 (Day) 15 (Year) 1950

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH May 17 1891
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Tilghman.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Hugh Haddaway
14. MOTHER'S MAIDEN NAME Martha Ledrum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT S. Howard Willey, Tilghman Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Failure	1 hr
421.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 92d	(b) Nobilas least disease, Hypertension	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1940, to June 15, 1950 that I last saw the deceased alive on June 15, 1950, and that death occurred at 10:30 A m., from the causes and on the date stated above.

SIGNATURE Gwynn Reese (Degree or title) Md. ADDRESS Tilghman Md DATE SIGNED June 15 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/18/50
NAME OF CEMETERY OR CREMATORY Church Cemetery.
LOCATION (City, town, or county) (State) Tilghman, Md.

DATE REC'D BY LOCAL REG. 6/18/50
REGISTRAR'S SIGNATURE G. P. Johnson
24. FUNERAL DIRECTOR Newnam & Harrison ADDRESS St. Michael Md

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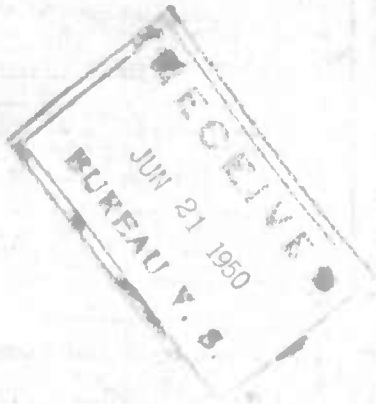
VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.


RECEIVED
JUN 21 1950
BUREAU U. S.

06551

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Easton
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) T. (Last) Williams

4. DATE OF DEATH (Month) June (Day) 20 (Year) 1950

5. SEX M

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH Sept. 7, 1871

9. AGE last birthday 78 yrs. If under 1 year Months 9 Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman

10b. KIND OF BUSINESS OR INDUSTRY Chicken

11. BIRTHPLACE (State or foreign country) Talbot County

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Charles Williams

14. MOTHER'S MAIDEN NAME Elizabeth Hester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Dixon Fountain

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.0	Immediate cause	(a) Acute Congestive Heart Failure	5 days
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	yrs.
		(c) Generalized Arteriosclerosis	yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan, 1949, to June, 1950, that I last saw the deceased alive on June 20, 1950, and that death occurred at 9:00 A.m., from the causes and on the date stated above.

SIGNATURE Sheppard Krech Jr (Degree or title) M.D. ADDRESS Easton, Md. DATE SIGNED 6/21/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 22, 1950
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 6/21/50
REGISTRAR'S SIGNATURE N. H. Neeves
24. FUNERAL DIRECTOR Louis Clark ADDRESS

27078

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 28 1950
BUREAU V. S.

06552

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot – Easton MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton | LENGTH OF STAY (In this place) 43 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Nora (Middle) (Last) Ziegenfus
4. DATE OF DEATH: (Month) 6 (Day) 24 (Year) 1950

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 8, 1876
9. AGE last birthday: 73 yrs.
If under 1 year: Months 7 Days 16
If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife (Occasional)
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Abraham D. Bare
14. MOTHER'S MAIDEN NAME: Elizabeth Van Steffy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Carl L. Ziegenfus

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic Heart Disease	1 yr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	1 yr.
	(c)	

334x
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to June, 1950, that I last saw the deceased alive on June 24, 1950, and that death occurred at 9:25 AM m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Shepard Krech Jr	M.D.	Easton, Md.	6/24/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/29/50	Sunburg Spring	Brooks Co. Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/25/50	M.D. Nearen	Maurice E. Newnam & Geo. C. Ayman Easton-Md.	READING, Pa.

VS/A15

RECEIVED
JUN 28 1950
BUREAU T. S.